



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**Maryland  
Vaccines for Children (VFC) Program  
Patient Eligibility Screening Record**

Date: \_\_\_\_\_

Child: \_\_\_\_\_

Last Name

First Name

MI

Date of Birth: \_\_\_\_\_

Parent/Guardian/  
Individual of Record: \_\_\_\_\_

Last Name

First Name

MI

Health Care Provider: \_\_\_\_\_

The provider's office must keep this form for each child (birth through 18 of age) who receives immunizations through the VFC Program in Maryland in the patient's permanent medical record for six years. The health care provider or the parent, guardian, or individual of record may complete this form, and should complete a new form if the child's status changes. The provider may use this record for all subsequent visits as long as there is no change in the child's eligibility status.

**This child qualifies for vaccination through the Maryland VFC Program because he/she (please check only one box, verification of response is NOT required):**

(a) Is covered by or enrolled in Medical Assistance

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(b) Does not have health Insurance

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**OR**

(c) Is Native American (American Indian) or Alaskan Native

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**OR**

(d) Has health insurance that does not cover (pay for) vaccines  
(VFC vaccine available only at a FQHC or Local Health  
Department)

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**OR**